

Section Two: (Personal)

Application for Employment

Background Disclosure and Authorization Form

Employee Emergency Information Form

Resume (Licensed Professionals Only)

(2) References

Quality Homecare Solutions

APPLICATION FOR EMPLOYMENT

HHA/PCA/CNA/MA

PERSONAL INFORMATION

NAME	ADDRESS	CITY, STATE, ZIP	PHONE
EMAIL ADDRESS		CELL PHONE	

EMPLOYMENT HISTORY

EMPLOYER	DATES OF EMPLOYMENT	REASON FOR CHANGE	SALARY
1.			
2:			
3:			

EDUCATION

School Name:	City, State:	Major Course of Study	Highest Grade Completed Diploma / Degree
High School:			
College:			
Business, Technical, Trade School:			
Activities, Honors, Offices held that are job related (omit those which indicate race, religion, national origin, color, sex, age, or disability):			
Describe other job related training completed (omit those which indicate race, religion, national origin, color, sex, age, or disability):			
CERTIFICATIONS AND LICENSES:			

HAVE YOU EVERY BEEN CONVICTED OF A FELONY?	
IF YES PLEASE EXPLAIN:	
HAVE YOU EVER APPLIED WITH US?	IF YES WHEN?

PERSONAL REFERENCES

NAME	ADDRESS	CITY, STATE, ZIP	PHONE

Please provide any additional information regarding your accomplishments, career goals, experience, volunteer work, special skills, or education, that, you think would be helpful to us in evaluating your application. I hereby authorize the company, Inc to fully investigate my record and work qualifications either before or during my employment, and to facilitate investigation, I also hereby authorize any persons having knowledge thereof to give such information to the company, upon request.

I certify that all statements made by me on this application are true and correct to the best of my knowledge and belief, and agree that any misrepresentation, falsification or omission of facts thereon shall be sufficient cause to deny my employment or if employed to justify my dismissal.

the company is an equal opportunity employer and does not because of race, creed, color, sex, marital status, age, national origin, handicap, veteran status, or sexual preference.

I understand that the company conducts a full background investigation on all employees, including but not limited to National Sex Offender List, Office of the Inspector General, Criminal background, and credit history.

I understand that any offer of employment is conditional on my ability to establish eligibility under the Immigration Reform and Control act of 1986.

Printed Name

Signature

Date

FOR THE USE OF the company

INTERVIEWER _____ **DATE** _____

INTERVIEW SET?
IS CANDIDATE QUALIFIED FOR POSITION?
SECOND INTERVIEW SET?
HIRE?
BACKGROUND INVESTIGATION SCHEDULED?

EDUCATION VERIFICATION

Personal Information:

Date:					
Last Name:		First Name:		Middle Name:	
Street Address:		City, State:		Zip:	
Home Telephone:		Cell Telephone:			
Work Telephone:		Email Address:			
Social Security Number:		Drivers License Number:		State Issued:	
Upon employment, can you show verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Education:

School Name:	City, State:	Major Course of Study	Highest Grade Completed Diploma / Degree
High School:			
College:			
Business, Technical, Trade School:			
Activities, Honors, Offices held that are job related (omit those which indicate race, religion, national origin, color, sex, age, or disability):			
Describe other job related training completed (omit those which indicate race, religion, national origin, color, sex, age, or disability):			

Disclosure:

This form, which you have filled out and read carefully, has been provided to you because the company may request an Education Verification from an education verification agency. The company will use the Education Verification solely for employment-related purposes.

Authorization and Release:

I have carefully read and understand this Disclosure, Authorization and Release form. By my signature below, I consent to the verification of my education. I authorize disclosure to the company and to the education verification vendor of information concerning my education. I understand that if the company hires me, my consent will apply throughout my employment, unless I revoke or cancel my consent by sending a signed letter or statement to the company's Office of Human Resources.

*******To be completed by hiring department*******

Title and posting number (if applicable) of position offered: _____			
Department: _____		Hiring Manager: _____	
Submitted By: _____		Department Phone: _____	
Is candidate an internal applicant or external applicant?		(circle one) Internal External	

BACKGROUND DISCLOSURE AND AUTHORIZATION FORM

By my signature below, I expressly authorize and instruct the consumer reporting agency to perform and release to Quality Homecare Solutions, Inc. , a Background check Report(s) on me at the request of Quality Homecare Solutions, Inc. in conjunction with my employment application. I understand that if Quality Homecare Solutions, Inc. hires me, my consent will apply throughout my employment to the extent permitted by law, unless I revoke or cancel my consent by sending a signed statement to Quality Homecare Solutions, Inc. .

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me before, during or after my employment may be utilized for the purpose of obtaining Background Check Reports.

By my signature below, I also authorize the disclosure to the consumer reporting agency information concerning my employment history, education, credit history, motor vehicle history, and criminal history, and all other information the consumer reporting agency deems pertinent by any individual, corporation, or other private or public entity, including without limitation the following: employers, learning institutions, law enforcement agencies, federal, state and local courts, the military, credit bureaus, motor vehicle records, National Sex Offender Registry, Office of the Inspector General, and the other applicable sources.

I further acknowledge that a Fax or photographic copy of this release will be as valid as the original.

I also understand that any false statements or deliberate omissions or false representations on this document or any other document may be grounds for disqualification from employment opportunities or dismissal from Quality Homecare Solutions, Inc. .

For residents of California, Minnesota, and Oklahoma only: You will be provided with a free copy of any consumer reports or investigative consumer reports on you if you initial the space provided.

_____ Initial.

Have you ever been convicted of a felony? Yes ____ No ____

Please explain:

Have you ever been convicted of a misdemeanor? Yes ____ No ____

Please explain:

Applicant Name: _____

Address: _____

Phone Number: _____ **Email Address:** _____

Social Security Number: _____ **DOB:** _____

Driver License Number: _____

Position Applied For: _____

Applicant Signature

Date

I have read and understand this Background Disclosure and Authorization Form. ____ Initial

Employee Emergency Information Form

Employee Name: _____

Address: _____

City: _____ State: _____

Telephone: _____

Emergency Contact:

Name: _____

Address: _____

City: _____ State: _____

Telephone: _____ (1)

_____ (2)

Relationship to employee: _____

Quality HomeCare Solutions
 1936-B Opitz Blvd, Woodbridge, VA, 22191
 TEL: (703) 680-2986 or (571) 408-4692 fax: (571) 408-4693
REQUEST FOR REFERENCE

Reference Name _____ TEL : _____

Address: _____

City: _____ State: _____ Zip: _____

Applicant Name: _____ Position/Title _____

Employed from: _____ To: _____

Reason for Leaving: _____

The above named applicant has applied for a position with **Quality HomeCare Solutions, Inc.** and has given your name for reference. In accordance with the release signed by the applicant, please provide the information requested below. We appreciate your cooperation, and promise all responses will be kept confidential. Thank you for your prompt feedback.

I _____ Authorize the above as my former/ current employer/ supervisor, court(s) or school(s), given as a reference to answer all questions asked concerning information of my work performance, character, and job related skills.

APPLICANTS DO NOT WRITE BELOW THIS LINE. FOR OFFIC USE ONLY

Please check the appropriate box relevant to the applicant:

	EXCELLENT	ABOVE AVERAGE	AVERAGE	SATISFACTORY
Quality of Work				
Professionalism				
Time Mgmt / Attendance				
Initiative / Motivation				
Ability to Handle Stress				
Adheres to Policies				
Quality of Clinical Performance				

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Professionalism				
Time Mgmt / Attendance				
Initiative / Motivation				
Ability to Handle Stress				
Adheres to Policies				
Quality of Clinical Performance				